

## WHERE TO APPLY?

### Guam WIC Locations

**All locations are CLOSED on the  
LAST FRIDAY of the month and on  
Government of Guam holidays.**

**Department of Public Health & Social Services  
Guam WIC Program  
15-6100 Mariner Avenue  
Barrigada, Guam 96913-1601**

---

**DEDEDO**  
Tel: (671) 635-7471/2  
Fax: (671) 635-7476  
Monday-Friday 8:00am-6:00pm

---

**TIYAN**  
Tel: (671) 475-0295/6  
Fax: (671) 477-7945/49  
Appointments  
Monday-Friday 8:00am-6:00pm  
Saturday 8:00am-5:00pm  
Walk-Ins  
Monday-Friday 1:00pm-6:00pm

---

**SANTA RITA**  
Tel: (671) 565-3537  
Fax: (671) 565-3536  
Tuesday/Thursday 8:00am-5:00pm

---

**INARAJAN**  
Tel: (671) 828-7550  
Monday/Wednesday/Friday  
8:00am-5:00pm

---

**Email: [GuamWIC@dphss.guam.gov](mailto:GuamWIC@dphss.guam.gov)**

**WIC Clinic (circle one):**  
Dededo • Tiyan • Santa Rita • Inarajan

---

**WIC Appointment Date & Time**

---

**Family ID #**

---

**Authorized Representative's Name**

**wic GUAM**

*A Healthy  
Foundation for Life*

**WELCOME TO  
THE  
WIC PROGRAM**

**The Special Supplemental Nutrition  
Program for Women, Infants, and  
Children (up to 5 years old)**

**(ENGLISH)**

04/16/2020



## WHAT IS WIC?

The GUAM WIC PROGRAM is a special supplemental nutrition and education program for women, infants, and children (up to 5 years old).

It is a Health Promotion Program, not a welfare program. It teaches you and your family to be aware of your nutritional needs and to practice good eating habits. The Guam WIC Program helps you to be healthy during times of rapid growth. It promotes and supports breastfeeding, helps you prevent medical problems, and helps lower your health costs.



## WHAT DOES WIC PROVIDE?

- Nutritional group classes.
- Personalized nutrition counseling.
- Breastfeeding information and support, including hospital and home visits, if needed.
- Food guides for feeding yourself, your infants, and your children.
- Supplemental foods, such as milk, eggs, fortified cereals, 100% fruit and vegetable juices, dry beans, peanut butter, whole wheat bread, vegetables, and fruits.
- Infant cereal, infant vegetables, and infant fruits.
- Referrals to other community programs (government and private) as needed.



## WHO CAN APPLY?

**ARE YOU ELIGIBLE FOR WIC? FIND OUT BY GOING TO THIS WEBSITE**  
<https://wic.fns.usda.gov/wps/pages/start.jsf>

You can apply if you are:

**Women:** Pregnant, postpartum (up to 6 months after infant's birth), or a breastfeeding woman (up to infant's 1st birthday);

**Infants:** A parent/guardian for an infant (0-11 months old);

**Children:** A parent/guardian for a child under 5 years old.



## WHAT TO BRING TO YOUR APPOINTMENT?

Bring the following to your certification or first appointment:

**Most recent paycheck stubs** of everyone working and/or retired in the household. Any proof of cash income, such as child support, tips, or LES document.

Earnings						
Rate	Month	Regular Hours	Over Time	Regular	Over Time	Gross Pay
\$8.50	Sept	160	0	\$1360.00	0	\$1360.00
Deductions						
FICA	SDI	FIT	SIT	INS	Ret	Net Pay
\$120.00	\$27.20	\$108.80	\$61.20	\$27.20	\$81.60	
FICA - Social Security SIT - State Income Tax		SDI - Disability INS - Insurance		FIT - Federal Income Tax Ret - Retirement		

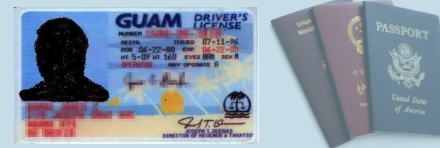
(Sample check stub)

**Most recent Certification** for Medicaid, SNAP (formerly Food Stamp), or TANF.

**Proof of Residency.** Any document with the caretaker's name and home address, such as a lease/rental agreement, utility/cable bill, note from homeowner where you live with supporting name and home address, Mayor's verification letter, or Guam ID or Guam driver's license issued after 6/24/18 with the Real ID emblem.

## Current proof of I.D.

For Adults: Valid Guam ID, Guam driver's license, passport, or work or school ID



For Infants (0-11 months old): crib card, hospital birth certificate, or official birth certificate; and shot record/immunization card

For Children (under 5 years old): official birth certificate and shot record/immunization card

CERTIFICATE OF LIVE BIRTH			
LOCAL FILE NO.	1. CHILD'S NAME (First, Middle, Last, Suffix)		2. TIME OF BIRTH (24 Hr)
3. SEX	4. DATE OF BIRTH (MM/DD/YYYY)	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
7. MOTHER'S NAME (First, Middle, Last, Suffix)	8. DATE OF BIRTH (MM/DD/YYYY)	9. BIRTHPLACE (State, Territory, or Foreign Country)	10. RESIDENCE OF MOTHER-STATE
11. STREET AND NUMBER	12. APT. NO.	13. ZIP CODE	14. INSIDE CITY LIMITS?
15. FATHER'S NAME (First, Middle, Last, Suffix)	16. DATE OF BIRTH (MM/DD/YYYY)	17. BIRTHPLACE (State, Territory, or Foreign Country)	18. DATE CERTIFIED
19. DATE FILED BY REGISTRAR	20. DATE FILED BY REGISTRAR	21. DATE FILED BY REGISTRAR	22. DATE FILED BY REGISTRAR

IMMUNIZATION RECORD	
Comprobante de Inmunización	
Name	
Birthdate	
Allergies	
Vaccine Reactions	
RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO	

Bring the **infant and/or child under 5 years old.**



For legal guardians (if not natural parents), **bring court documents.**



In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling **(866) 632-9992**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

### mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington,  
D.C. 20250-9410; or

**fax:** (833) 256-1665 or (202) 690-7442;

**email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.